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Date	November 10, 2009
From	James G. Stewart

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Commissioner for Patents - Mail Stop Amendment	United States Patent and Trademark Office	571-273-8300	

Document Response to June 22, 2009 Notice of Non-Compliant Amendment under 37 CFR 1.121						CFR 1.121
Pages	12	(including cover)	AN ORIGINAL OF THIS FAX WILL	_WILL NOT_	X	_FOLLOW.

Message	
Application 10/772,202; Atty. Docket No. 104015-0003	

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	Application	Mimber	1772,202			
TRANSMITTAL	Filing Date	Fe	February 3, 2004			
FORM	First Name	ed Inventor Jo	el Thorson	_		
	Art Unit	42	119		·	
(to be used for all correspondence after initial	Examiner	Varne Me	ohammad A. S	Siddiqi		
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	ENCLOSURES	(Check all that	apply)			
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Certified Copy of Priority Document(s)	Remarks Response to June 20	2009 Notice of Non	-compliant A	mendm	ant under 37 CFR 1.121	
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Signature	- 197					
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November 10, 2009	·	Reg. N	No. 32,4	96		
CERTIFICATE OF TRANSMISSION/MAILING						
I hereby certify that this correspondence is be sufficient postage as first class mail in an env the date shown below:	ing facsimile transmitt elope addressed to: C	ed to the USPTO or d ommissioner for Pate	ieposited wit nts, P.O. Bo	h the Un x 1450, /	ited States Postal Service with Alexandria, VA 22313-1450 on	
Signature YYOULS	e K-Elsen			····	·	
Typed or printed name Martene K. Elser		· · ·		Date	November 22, 2009	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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2003/012

PTO/S9/17 (10-08)
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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of Information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/772,202 Application Number FEE TRANSMIT Filling Date February 3, 2004 For FY 2009 First Named Inventor Joel Thorson Examiner Name Mohammad A. Siddiqi Applicant claims small entity status. See 37 CFR 1.27 Art Unit 4219 TOTAL AMOUNT OF PAYMENT 865.00 Attorney Docket No. 104015-0003 METHOD OF PAYMENT (check all that apply) Check Credit Card JMoney Order None l Other (please identify): ✓ Deposit Account Deposit Account Number: 01-2704 Deposit Account Name: Ater Wynne LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (5) Fee (\$) Utility 330 220 165 540 270 110 Design 220 110 100 140 50 70 Plant 220 110 330 165 170 25 330 Reissue 165 540 270 650 325 **Provisional** 220 110 O û 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 52 26 220 Each independent claim over 3 (including Reissues) 110 Multiple dependent claims 390 195 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (8) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Pald (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 4 Month Extension of Time 865.00 SUBMITTED BY Registration No. Telephone 503-226-1191 Signature (Allomey/Agent) Date November 10, 2009 James G. Stewart

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